In the cases examined the cells of the anterior cornua were not all intact, and Marinesco believes the alteration in these is more common than is usually believed.

In normal cells the nuclei are central, for the centre of the cell represents the region of maximum nutrition.

Marinesco found some alterations in the cells of the column of Clarke in patients who had not had tabes or general paralysis, but these changes were always of less grade. SPILLER.

ON THE GROUPING OF THE ENDOGENIC FIBRES IN THE POSTERIOR COLUMNS OF THE CORD. [Sur le Groupement des Fibre Endogenés de la Moelle dans les Cordons Posterieures.] H. Dufour. Archives de Neurologie, Aug., 1896.

The author, after reviewing the contradictory opinions of a number of observers as to the presence of descending fibres in the posterior columns, gives the result of his studies upon a case in which the posterior roots were involved by an epitheliomatous mass from the third lumbar nerve downward, the disease having been present about five years. The cord itself was not macroscopically involved.

The posterior roots were studied. Those of the sacral region were entirely destroyed; those of the lumbar still contained some healthy fibres.

The author comes to the conclusions which he contends are in accord with recent observations by Souques and Marines (Presse Medicale, 1896; and Hoche, Neur. Cent., 1896), that there is a tract of fibres in the posterior columns occupying a central position that degenerates downwards. These fibres are not to be confounded with descending collaterals of the posterior root fibres.

The author sums up his observations by the following conclusions:—

(1) The presence of descending collateral fibres is not yet absolutely demonstrated for the adult, but even if it be granted that they are present, this would not negative the presence of endogenous fibres suffering descending degeneration in the posterior columns of the cord.

(2) Two sets of fibres may be demonstrated, called endogenous or commissural. One anterior set forms a short tract, the other posterior, forms, with some of the fibres at least, a long tract.

JELLIFFE.

D'UN FAISCEAU SPECIAL DE LA ZONE LATERALE DE LA MOELLE EPINIÈRE. [Concerning a Special Bundle of Fibres in the Lateral Zone of the Spinal Cord.] Revue Neurologique, No. 23, 1896. By A. Bruce.

The researches of Cajal have shown that the lateral limiting layer, situated close to the gray matter between the anterior and posterior horns, consists of short fibres which arise and terminate within these horns. Bruce has examined a case of amyotrophic lateral sclerosis, in which not only the pyramidal tracts but also the greater part of the antero-lateral columns, with the exception of the ascending tracts, was degenerated. The anterior part of the lateral limiting layers was also affected, while the posterior was deeply stained. It would appear that the degenerated fibres in the former arose in the anterior horns, and the normal fibres of the latter portion chiefly in the posterior. It is necessary, therefore, to speak of the ventro-lateral and the dorso-lateral limiting layers. SPILLER.

ON THE PHENOMENA OF REPAIR IN NERVE CENTRES AFTER SECTION OF PERIPHERAL NERVES.

M. G. Marinesco (La Médecine Moderne, Nov. 18, 1896) reports some interesting observation upon this process. Experience has shown that after the section of a nerve a certain effect is produced upon its centres, but we are almost wholly ignorant of the phenomena which take place during the process of restitution to health. M. in studying this question, cut the hypoglossal nerve in several rabbits, and found that if nothing interfered with the reunion of the cut ends, the phenomena of repair in the nerve cells were very marked at the end of twenty-four days. The nucleus of a cell taken from a cut nerve could readily be distinguished under the miscroscope from a corresponding nucleus of the intact hypoglossal nerve. Two modifications were especially noted in the cells; one an increase in size, the other a more intense coloration as the result of an overgrowth ol chromatophilic elements. These often showed this in the form of filaments wholly occupying the entire area of protoplasm, in others disposed about the nucleus. Sometime a clear zone was interposed between the peripheral and peri-nuclear chromatophilic elements. At the end of ninety days hypertrophy of the cells continues to be evident. During all these periods of repair the number of cells in the normal nucleus is larger than that of the nucleus in the course of restoration, making it evident that the cells of the latter make up in volume what they lose in number.

MITCHELL.

UEBER HIRNABSCESSE NACH STIRNHÖHLENEITERUNG. [Cerebral Abscess following Suppuration in the Frontal Sinuses.] Deutsche medicinische Wochenschrift, Nov. 19, 1896. By Treitel.

Dr.Treitel calls attention to the fact that cerebral abscess following disease of the nose, and especially of the frontal sinuses, has not been frequently mentioned. He reports a case in detail in which the sinuses were opened on account of a purulent nasal discharge. After a time convulsions and right hemiparesis were noticed, and the diagnosis of abscess near the left central gyri was made. Repeated punctures of the brain failed to reveal any pus. At the autopsy purulent basal meningitis and abscess of the left frontal lobe were found. It was believed that at first there were small multiple abscesses, and that, for this reason, no pus had been obtained. Had the punctures been made after the abscesses had united, pus might have been found.

Usually in suppuration within the frontal sinuses the posterior wall becomes carious, and the pus in this way passes to the brain. The advice is given to remove the anterior wall of the sinuses in every case, as cerebral complication is very common in disease of the sinuses and may be latent. Treatment by this procedure is more efficacious, and the operation does not produce disfigurement. SPILLER.

SYPHILIS OF THE NERVOUS SYSTEM.

The following cases are reported by McCall Anderson in a lecture on the less common forms of syphilitic disease. (Brit. Med. Jour, Sept. 12, 1896.)

On January 16, 1896, a miner, aged 39, was admitted into the Western Infirmary complaining of headache and of fits. The family and previous personal history were good. In May, 1895, while wrestling in a public house, he fell, striking his head against the floor. Thereafter he suffered greatly from headaches, which were not localized, and six weeks after the injury he had his first fit, there having been eight in all, occurring at intervals of three or four weeks. The earlier seizures were preceded by an aura sufficiently prolonged to allow of his lying down, and the first one was associated with complete loss of speech for three days. In the first two paroxysms the convulsions were general, but the three following were confined to the right side of the body and face. The last three seizures were unaccompanied by loss of consciousness, and were limited to the arm, while there was only a numb feeling in the face. For a couple of weeks before admis-